



# PERSONAL LEAVE DOCUMENTATION

## Leave Time Request

Employee \_\_\_\_\_

<u>Type</u>	<u>Hours to be Used</u>
<input type="checkbox"/> Vacation	Total _____
<input type="checkbox"/> Floating Holiday	Total _____
<input type="checkbox"/> Sick	Total _____
<input type="checkbox"/> Flex Time	Total _____
<input type="checkbox"/> Other:	Total _____

(circle one or write in) \*Additional forms may be required.

Admin, Court, Jury, Family, Funeral, Maternity, Paternity,  
Volunteer, other \_\_\_\_\_

Leave Begin \_\_\_\_\_

Leave End \_\_\_\_\_

Employee Commentary \_\_\_\_\_

### Signatures

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

☐ *Approved*    ☐ *Denied*